

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-6800 1-800-325-8508

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST GINA LAST ISLAS-MENDOZA NICKNAME SUFFIX	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 111 E1 CAMINO WAY SAN MARCOS TX 78666 <input type="checkbox"/> Change of Address		OFFICE USE ONLY Date Received 2/28/06
			Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: PHONE NUMBER: EXTENSION: (512) 757-1201	6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST Pete LAST ISLAS MI T. SUFFIX		Receipt # Amount Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 726 Willow Crk Cir. SAN MARCOS TX 78666	8 CAMPAIGN TREASURER PHONE AREA CODE: PHONE NUMBER: EXTENSION: (512) 353-0784		
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 18th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$600 limit <input type="checkbox"/> Final report (Attach C/OH - PR)			
10 PERIOD COVERED Month Day Year THROUGH Month Day Year 2 17 106 2 127 106			
11 ELECTION ELECTION DATE Month Day Year 3 17 106		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) HAYS COUNTY Clerk	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS -- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name HA Address / PO Box: Apt. / Suite #: City: State: Zip Code <input type="checkbox"/> additional pages			
GO TO PAGE 2			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (State Commission Form)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

Gina Islas - Mendoza

COMMITTEE ADDRESS

726 Willow Creek Circle

COMMITTEE CAMPAIGN TREASURER NAME

Pete T. Islas

COMMITTEE CAMPAIGN TREASURER ADDRESS

726 Willow Creek Circle
SAN MARCOS TX 78666

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,000.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2038.80

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

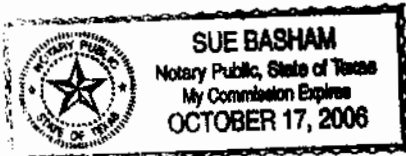
\$ 1,038.80

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Gina Islas-Mendoza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gina Islas-Mendoza, this the 28th day of February, 2006, to certify which, witness my hand and seal of office.

Sue Basham
Signature of officer administering oath

Sue Basham
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

Pete & Josie IS HAS

\$ 1,000.00

6 Contributor address; City; State; Zip Code
*726 Willow Creek Circle
San Marcos Tx 78666*

9 Principal occupation \ Job title (See instructions)

10 Employer (See instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Req.)
4 Date	5 Payee name <i>Casper Smith</i>	6 Amount (\$) <i>9.73</i>
<i>1-24-06</i>	6 Payee address: City, State, Zip Code <i>2200 Ranch Rd 12 San Marcos TX 78666</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>BBQ Supplier</i>	
Date	Payee name <i>HEB</i>	Amount (\$) <i>64.45</i>
<i>1-24-06</i>	Payee address: City, State, Zip Code <i>200 West Hopkins San Marcos TX 78666</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name <i>Linco's</i>	Amount (\$) <i>40.65</i>
<i>1-15-06</i>	Payee address: City, State, Zip Code <i>301 N. Edward Gary St. San Marcos TX 78666</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Flyer Copies</i>	
Date	Payee name <i>McLoy</i>	Amount (\$) <i>32.83</i>
<i>2-16-06</i>	Payee address: City, State, Zip Code <i>110 Wonder World Dr. S.M. TX 78666</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Supply for signs</i>	
Date	Payee name <i>Tuesday Morning Inc.</i>	Amount (\$) <i>5.39</i>
<i>2-6-06</i>	Payee address: City, State, Zip Code <i>2110 West Slaughter Austin TX 78748</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Thank You Cards</i>	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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POLITICAL EXPENDITURES		SCHEDULE F
The instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Uses)
4 Date <i>2-20-06</i>	5 Payee name <i>Mc Coye</i> 6 Payee address; City, State, Zip Code <i>110 Wonder World San Marcos Tx 78666</i>	7 Amount (\$) <i>15.54</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>sign Material</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>GINA ISLAS-Mendoza Hays Co. Club N/A</i>	
Date <i>2-21-06</i>	Payee name <i>West Texas Micrographics</i> Payee address; City, State, Zip Code	Amount (\$) <i>1755.⁴⁰/₁₀₀</i>
Purpose of payment (See instructions regarding type of information required.) <i>Flyer Mailout</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>GINA ISLAS-Mendoza Hays Co. Club N/A</i>	
Date <i>1-24-06</i>	Payee name <i>Victory Cleaners</i> Payee address; City, State, Zip Code <i>135 Dr San Marcos Tx 78666</i>	Amount (\$) <i>102.30</i>
Purpose of payment (See instructions regarding type of information required.) <i>Tee Shirts for Adv.</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>GINA ISLAS-Mendoza Hays Co. Club N/A</i>	
Date <i>1-27-06</i>	Payee name <i>Schieff Sheltered Workshop</i> Payee address; City, State, Zip Code <i>1200 N. Bishop</i>	Amount (\$) <i>12.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Pic Pic's for BBQ</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		